

Employment Application Form

City of Versailles
196 South Main Street
P.O. Box 625
Versailles, Kentucky 40383

Applicants are considered for employment without regard to race, color, religion, sex, national origin, genetics, ethnicity, age, marital status, veteran status, medical condition, or disability.

Please read acknowledgements (page 3, section 1), then complete application, using typewriter or ink.

A	1	Name: Last First Middle				Social Security No:		
	Personal Information	2	Present Address: Street City State Zip Code				Phone No: ()	
		3	Permanent Address: Street City State Zip Code				Phone No: ()	
		4	Emergency Phone No: ()				5 Age (if under 18):	
		6	Have you applied for employment or been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give position(s) and date(s):					
B	1	Type of Employment Desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/>				2	Date Available For Work:	
	Employment Interest	3	What Position Are You Seeking?		4	Minimum Salary Requirement:	5	Will you perform Shift work? Yes <input type="checkbox"/> No <input type="checkbox"/>
		6	Can you travel if job requires it? (Please list any restrictions) Yes <input type="checkbox"/> No <input type="checkbox"/>				7	Are you on layoff or subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>
		8	Does anyone in your immediate family work here? If yes, List Name(s), Relationship(s) and Department(s). Yes <input type="checkbox"/> No <input type="checkbox"/>					
C	Educational Record		EDUCATION	ELEMENTARY	HIGH SCHOOL	COLLEGE UNIVERSITY	GRADUATE/ PROFESSIONAL	
		1	NAME & LOCATION OF SCHOOL					
		2	YEARS COMPLETED (CHECK)	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
		3	DIPLOMA/DEGREE YEAR RECEIVED					
		4	MAJOR FIELD OF STUDY					
		5	Area(s) of Specialized Training:		6	Title of Thesis & Special Research Project(s):		
		7	Honors Received:		8	Vocational or Technical School Attended:		
		9	Special Skill(s) or Certificate(s) Received:		10	Shorthand: YES <input type="checkbox"/> NO <input type="checkbox"/> WPM:		11 Typing: YES <input type="checkbox"/> NO <input type="checkbox"/> WPM:

AN EQUAL OPPORTUNITY EMPLOYER

D		PREVIOUS EMPLOYMENT: Start with your <u>present or last job</u> and list all employment experiences.				
		If additional space is needed, use an extra sheet of paper.				
Employment Experience	1	Employer:	Duties:	Dates Employed:		
				FROM	TO	
		Address:				
		Job Title:	Supervisor:	Hourly Rates:		
	Current Employer			Starting	Final	
		Reason for leaving or wanting to leave:				
		2	Employer:	Duties:	Dates Employed:	
					FROM	TO
	Address:					
	Job Title:		Supervisor:	Hourly Rates:		
	Previous Employer			Starting	Final	
		Reason for leaving:				
		3	Employer:	Duties:	Dates Employed:	
					FROM	TO
	Address:					
	Job Title:		Supervisor:	Hourly Rates:		
	Previous Employer			Starting	Final	
Reason for leaving:						
4		Employer:	Duties:	Dates Employed:		
				FROM	TO	
	Address:					
	Job Title:	Supervisor:	Hourly Rates:			
Previous Employer			Starting	Final		
	Reason for leaving:					
	5	May we call your present employer now? If not, when may we call?				
		Yes <input type="checkbox"/> No <input type="checkbox"/> Phone: ()				
E		1	If a License or Certificate is needed to perform the work in the position applied for, please complete the following:			
			Driver's License Number:	Name of Trade or Profession License Number:		
	Special Considerations	2	List any skills and abilities that you possess that will be helpful in doing the job applied for:			

FOR PERSONNEL DEPARTMENT USE ONLY		
Position applied for is OPEN: Yes <input type="checkbox"/> No <input type="checkbox"/>		Position(s) considered for:
Application reviewed by:		Date:
Remarks:		
Arrange interview: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Date:
		Time:
Interviewed by (List Participants):		
Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Employment:
Position Title:	Department:	Starting Salary: